



Communication Strategy Guide

*A Look at Methamphetamine Use
Among Three Populations*



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

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Acknowledgments

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP) study, *Communication Strategy Guide: A Look at Methamphetamine Use Among Three Populations (CSG)*, systematically evaluates research and practice evidence on methamphetamine abuse prevention and makes recommendations for the field. The CSG contains qualitative research information, input from the research population, and strategies to use in methamphetamine abuse prevention. Finally, the CSG provides valuable information that various professional audiences can use to administer treatment programs, raise community awareness, and effectively address the public concerns associated with methamphetamine use.

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Foreword

We are pleased to present the findings from Communication Strategy Guide: A Look at Methamphetamine Use Among Three Populations (CSG). The goal of this study is to provide information to help states and communities develop communication programs to combat the rise of methamphetamine use. This study demonstrates that the most effective way to develop successful substance abuse communication programs is to request feedback from study participants. We asked that our study participants share their insights and ideas with us, to enable us to design more effective communication strategies.

Our participants' response was favorable. The participants recognized the value of their experiences to inform the community about the dangers of methamphetamine use and to dispel misinformation. The recurring themes in their experiences indicate a need for greater understanding by family members, friends, and co-workers of the various behavioral dynamics involved with this dangerous drug.

The study suggests ways to develop useful communication programs that enhance the effectiveness of substance abuse programs. We urge community leaders, researchers, businesses, and health care professionals to carefully review, consider, research, and use the suggestions in the study to serve their constituents and to strengthen their continuing efforts to help prevent the use of methamphetamines.

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Across the United States, individuals involved with enforcement, treatment, and prevention of problems associated with methamphetamine use are trying to understand the nature and scope of methamphetamine use. Many believe there is a great need for methamphetamine use prevention programs.

As yet there is little information available to guide the planning of effective communication programs, although studies from around the country clearly demonstrate that well-designed communication programs can play a pivotal role in addressing problems such as the use of methamphetamine. Effective communication programs can increase awareness of methamphetamine use in the community, increase knowledge about the effects of methamphetamine use on health, and influence attitudes and norms to create support for a change in policy or workplace practices. Effective communications can also demonstrate skills for peer resistance or behaviors that replace methamphetamine use, refute myths or misconceptions about the benefits of methamphetamine use, and suggest or prompt an action that leads the audience to request help or change their behavior. In addition, communications can amplify the volume of the public voice to increase concern about the problem and garner support for initiatives that deter methamphetamine use or trafficking.

The Substance Abuse Mental Health Services Administration (SAMHSA) through its Center for Substance Abuse Prevention (CSAP) is committed to assisting States and communities as they endeavor to address the public health problem of methamphetamine use. CSAP has, therefore, not only funded an exploratory research study of methamphetamine use among several populations, but also recognizes the need to offer communication strategy guidelines that are helpful yet avoid overstating the problem or unintentionally educating

Who Can Benefit From This Guide

This document is designed to be used by a variety of audiences, including:

- Prevention program planners considering a methamphetamine primary prevention initiative;
- Communication specialists charged with the task of communicating about the nature of this problem in their community, region, or State;
- Organizations wanting to expand services to reach any of the audiences included in the study;
- Persons who want to raise community awareness of an existing methamphetamine problem; and
- Community coalitions or unions charged with addressing labor practices among transportation, construction, and/or farm workers.

ing people about using or experiencing the drug. This guide explains the findings of the exploratory research study and outlines ways to translate this information into communication strategies.

The four sections that follow are designed to:

- **Impart what CSAP has learned about the methamphetamine problem in general.** The emphasis is on individual and community risks, the advent of clandestine labs, and anecdotal evidence.
- **Describe results of the qualitative research on three specific populations of methamphetamine users** (truck drivers, Mexican American/Mexican workers, men who have sex with men) in terms of elements key to communication

planning; population profile; extent of the problem; environmental considerations; and messages, channels, and spokespersons recommended by population members. Information on processes employed, common themes, and strengths and weaknesses of qualitative research is included.

- **Suggest communication strategies for each population.** Based on the information provided by each population, a number of communication strategies are suggested.
- **Make recommendations on how to design a targeted methamphetamine prevention communication program.** Emphasis is on involving the audience, exploring methamphetamine issues in specific contexts and locations, and identifying factors that are likely to influence change.

- **Provide resources.** These include publications for those interested in reading more about methamphetamine use, organizations positioned to help address the issue or implement a communication program, and publications that can assist in conducting research and planning communication campaigns and implementing communication efforts.

This guide thus offers food for thought to those seeking to prevent methamphetamine use. It raises various scenarios; looks at interesting relationships; and challenges program planners, communication specialists, organizations, community coalitions, and concerned individuals to look deeper into the methamphetamine problem in their areas and communities in order to create more effective communication prevention programs.

The Methamphetamine Problem

Reports of increasing methamphetamine use have been prominent over the past few years based on data from national surveys and from medical examiners, emergency departments, and drug treatment facilities in some areas of the country. Several factors contribute to public concern about the increase of methamphetamine use. Among them are risks to the individual and the community, the advent of clandestine labs, and the spread of unsubstantiated anecdotal information.

Individual and Community Risks

Methamphetamine is a drug that presents health, violence, and HIV infection risks to individual users and to their communities. The risks combine to make methamphetamine a very dangerous drug.

- **Health Consequences.** Methamphetamine poses serious health consequences for users. According to the Drug Abuse Warning Network (DAWN), between 1993 and 1995, deaths due to methamphetamine overdoses rose 125 percent and by 1996 accounted for 10 percent of all drug overdoses in the Nation. Between 1991 and 1995 the estimated number of nationwide emergency room drug abuse episodes involving methamphetamine more than tripled. In 1995 and 1996, the Nation saw a decrease, with reports by local epidemiologists that there was a shortage of methamphetamine in some western cities in the last half of 1995.

Methamphetamine is a potent central nervous system stimulant. It can be smoked, snorted, injected, or taken orally. Like amphetamine, it increases the heart rate, blood pressure, and rate of breathing. It causes a sense of increased energy, increases the body's metabolism, and produces euphoria and an increased alertness. The rush lasts for approximately 5 to 30 minutes. As with other stimulants, methamphetamine is commonly used in a "binge and crash"

pattern. The rush is followed by the high, which can last 4 to 16 hours. In order to continue the high, the user takes more of the drug. The binge can last 3 to 15 days. Tweaking occurs at the end of the binge when users who are overwhelmed with feelings of emptiness and anxiety use other drugs such as alcohol, heroin, or cocaine to countermedicate themselves.

- **Violence and Threat to Public Safety.** The most dangerous stage of methamphetamine use is during tweaking. A user who is tweaking has probably not slept in 3 to 15 days and, consequently, is extremely irritable and paranoid. There is a feeling of uncontrollable frustration that makes the individual unpredictable and dangerous. Confrontations with medical personnel, law enforcement officers, or others increase the chances of a violent reaction. In addition, in a paranoid state methamphetamine users may act irrationally. For example, they may crash their car or jump from a window while trying to escape from their hallucinations.

Because of the sense of increased energy that methamphetamine supplies to users, it is often used in the workplace. Use by a truck driver who drives long distances for long hours on America's highways jeopardizes the safety of both the driver who uses and those who share the road. In a sample of fatally injured drivers, methamphetamine use was found to be 7.3 percent. Some researchers say that these findings seem to "support a causal relationship between methamphetamine use and an increased risk of fatal accident involvement."

- **Threat of HIV Infection.** The respondents in our study and participants in other studies report unsafe sexual practices and indiscriminate needle use while using methamphetamine, which places these individuals at heightened risk of contracting and transmitting HIV and related

infections. Government and privately funded studies confirm that methamphetamine use is widespread among some homosexual and bisexual male populations. The Los Angeles AIDS Coordinator's Office estimates that on the West Coast 65 percent of gays or bisexuals who use crystal methamphetamine are HIV infected.

Advent of Clandestine Labs

In addition to the health and social consequences associated with methamphetamine use, the advent of clandestine labs as well as the importation of "finished-product" (methamphetamine) from Mexico has raised great concern. The Drug Enforcement Agency (DEA) reported that the seizure of clandestine labs increased 32 percent in FY 1995. This does not include labs seized by State and local police. Increasingly, small-scale methamphetamine labs are being operated in single- and multifamily residences in the United States, where they pose a threat to health and safety. The presence of ignitable, corrosive, reactive, and toxic chemicals at these sites has resulted in explosions, fires, and toxic fumes. As noted in the National Methamphetamine Strategy Update of May 1997, a fire exploded in a trailer seriously

burning two children, ages 4 and 6 in April 1997. The mother was arrested and charged with manufacturing methamphetamine. In 1995, a methamphetamine laboratory using propane fuel destroyed all 122 rooms in an Oregon motel located across the street from the local high school. Hazardous chemical wastes, the byproduct of the manufacturing process, are sometimes dumped in nearby streams and lakes or poured into local sewage systems.

Anecdotal Evidence

Methamphetamine is often championed as a "performance enhancing" drug by anecdotal evidence and word-of-mouth. Some have expressed concern that Hispanic women may be resorting to methamphetamine use in order to meet the demands of work and family. Others have suggested that the pressures from market-driven delivery schedules and compensation incentives create a fertile climate for methamphetamine use by interstate long-haul truck drivers. Still others have attributed increases in productivity among migrant farmworkers to methamphetamine use. Methamphetamine is also touted as enhancing the sexual prowess of men and thus prolonging partying.

Research on Methamphetamine User Populations

Methodology

In July 1997, based on literature reviews, limited prevention and treatment data, and anecdotal information, CSAP determined the need for exploratory research on methamphetamine use by low-income migrant workers, transportation workers, Hispanic women of childbearing age, and men who have sex with men. This research has included in-depth interviews with rural and urban treatment professionals, experts on the four populations and experts on methamphetamine use, and several focus groups.

One of the first findings from interviews conducted with the treatment professionals was that methamphetamine use was minimal among Hispanics, including Hispanic women of childbearing age.

The interviewees, who included administrators and counselors working with migrants, urban teens, the criminal justice system, and the general substance abuse treatment population, had neither seen Hispanic women of childbearing age in their treatment facilities nor heard anecdotally about use among Hispanics. Given the lack of evidence of use by Hispanic women of childbearing age, CSAP eliminated this population at this time from further study.

Other early findings from the interviews with treatment professionals and experts and focus groups, in combination with additional research, helped CSAP specifically define the populations for further study:

- Interstate truck drivers traveling Route 10 between Phoenix and Flagstaff, Arizona
- Mexican American and Mexican workers in Tucson, Sierra Vista, and Chandler, Arizona
- Men who have sex with men in Houston, Texas, and Washington, D.C.

The research teams then consulted with experts in substance abuse research, prevention, and treatment to gather all information currently available on the methamphetamine problem in each of these populations. Further information was gathered through individual interviews with members of each population group and through focus group discussions with Mexican American and Mexican workers and with men who have sex with men.

Qualitative Research: Strengths and Limitations

The kind of research CSAP conducted across the three populations is qualitative in nature. It is limited in scope because only three specific population segments were studied and fewer than 50 individuals, within specific geographical areas, were interviewed from each of the three groups. Thus the research cannot be generalized or expressed in percentages of the population as a whole. Other segments of these populations or other geographical areas may demonstrate other patterns of use and present different environmental conditions.

The purpose of the research was, however, not to find out how many people engage in a certain behavior or hold certain opinions. Rather, it was to identify the kinds of behavior and opinions that do exist and the possible reasons for this behavior so as to determine possible prevention strategies, messages, and channels. The researchers gathered information on the patterns of and motivations for use that must be addressed in communication programs for prevention. For example, interviewees and focus group members from the populations explained their perceptions of the benefits of using methamphetamine and of the negative consequences of using. Based on their current

knowledge, they suggested prevention messages that would be effective. They also reported on where and how they receive messages about health-related issues and on the people they consider credible spokespersons for such messages.

Themes Across All Populations

Common themes that emerged in all three populations—and that are important to consider in planning for methamphetamine use prevention communication programs—are as follows:

- Staying alert and having increased energy over long periods of time were the main reasons given for using methamphetamine. Some used this increased energy to work longer hours or at a faster pace. Others used the energy to engage in sex or to party longer.
- Awareness of the risks associated with methamphetamine use was noted by representatives from all populations.
- Serious health consequences due to methamphetamine use were reported by representatives from all populations.
- Using other drugs in combination with or to counter the effects of methamphetamine was reported by all users in all populations.

Interstate Truck Drivers

Truck drivers are known to be pressured by market-driven delivery schedules and compensation incentives. The literature review and in-depth interviews conducted with 11 experts and authorities in the trucking industry concurred that truck drivers are motivated to take stimulants primarily by the need to stay awake for long periods of driving. At least two studies seemed to support a relationship between methamphetamine use and increased fatal accident involvement (Logan, 1996; NTSB, 1990). The prevailing view is that working conditions of truck drivers employed by small carriers without regular routes tend to be economically vulnerable, which promotes the use of stimulants, including methamphetamine. Most small carriers are paid by the mile, by the load, or by a share of the revenue they generate. The theory is that this causes drivers to maximize their time behind the wheel in order to earn a decent living.

This is in contrast to drivers who work for large unionized carriers and are paid well by salary or by the hour.

Research Findings

Profile of the Truck Drivers Interviewed

The experts felt that drivers who met the following five criteria would yield the greatest number of drivers who had direct or indirect experience with methamphetamine use:

1. Drive a truck with a gross vehicle weight over 26,000 pounds
2. Drive interstate trips
3. Have destinations that vary from trip to trip, not a regular route
4. Work for a carrier that has 100 or fewer trucks on the road
5. Work for a carrier whose drivers are not represented by a union.

Individual interviews with truck drivers, conducted during short rest stops or meal breaks, was suggested as the next step. Focus groups were not conducted because those drivers who were likely to use would neither be responsive nor take the time to participate in a focus group. Our interviewers stopped truck drivers at rest stops and in truck stop restaurants or in fast food establishments next door to truck stops all along Interstate 10 from Phoenix to Flagstaff. The location was chosen because it was near the intersection of major east-west and north-south interstate highways with heavy truck traffic. Arizona is also reputed to be an area where methamphetamine is easily available.

In total, 68 drivers were approached. Of these, 18 declined to answer even the screening questions because they were in a hurry and did not have the time. Of the 50 who were screened, 29 were disqualified because they did not meet one of the five criteria. Most of these worked for a carrier that had more than 100 trucks on the road; one simply refused to participate. Thus 20 truck drivers were interviewed between March 25 and 28, 1998—18 men and 2 women. Of the 20 drivers, 16 were White, 2 were African American, and 2 were Hispanic. Most were between 35 and 54 years of age and married. None of the drivers

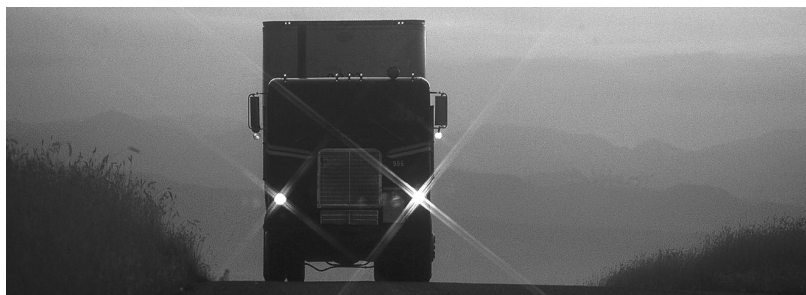
included in the study earned over \$50,000 annually; \$29,750 was the mean earnings.

Extent of the Problem Among Truck Drivers

- Three of the 20 truck drivers interviewed had used methamphetamine. An additional nine said they knew another truck driver who used methamphetamine well enough to answer some of the questions about use.
- Of the 20 drivers, 18 had used some form of stimulant to stay alert on the road. The stimulants used included coffee, caffeine pills, and amphetamines as well as cocaine and methamphetamine.
- About 10 of the participants estimated that between 5 percent and 25 percent of the drivers they know use some kind of drug. Among drugs named were caffeine pills, ephedrine, marijuana, and cocaine.
- Drivers said there is a remarkable variety of stimulants available in truck stops. Some are legal; others are not.
- Of 20 drivers, 17 said that methamphetamine is easy to get. They reported that it is available in the back lots of most truck stops, easily obtained via CB radio contacts, and sold by both drivers and local dealers.

Knowledge, Attitudes, and Practices

- Nineteen respondents had heard of methamphetamine.
- The majority knew the various names for methamphetamine.
- Out of the 20 participants, 14 saw no benefit in taking the drug.
- Health consequences were most frequently mentioned as a deterrent to use.
- The majority of the drivers were concerned about keeping their licenses and jobs by staying accident free.
- Most methamphetamine users reported prior use of other drugs, predominantly marijuana.
- Most users reported consuming methamphetamine in more than one form. Injecting, snorting, and oral administration were done about equally.



- Dose, frequency, and length of time using the drug were unique to each case.
- Drivers who use methamphetamine said they do so primarily to stay alert in order to drive longer hours.
- The few drivers who use methamphetamine to party used the drug in the back lots of truck stops at night and at home while off the road.
- The 20 participants were equally divided about whether there is more risk of a methamphetamine user being caught by an employer-administered random drug test or by law enforcement officers at weigh stations.
- All the self-reported users gave the impression they had quit successfully and did not consider methamphetamine addictive.

"I use (meth) to keep awake and to get there on time."

Interstate truck driver

Environmental Considerations

- Almost all of the drivers interviewed were being compensated in a way that rewarded them for driving as many miles and as many hours as possible. Fourteen had hauled loads when the company had to pay a penalty if delivery was not on time. Of these 14 drivers, 10 had taken stimulants and 2 had used methamphetamine.
- Interstate truck drivers are limited by Federal regulation as to the number of hours they may drive in a single working day (typically 10 or fewer hours, though there are exceptions). Only six drivers said they usually drive 10 hours in a 24-hour period. Three of the four who usually

drive over 16 hours were stimulant users. Fourteen drivers admitted to violating the hours-of-service rules to some degree. Of these 14 drivers, 11 are self-reported stimulant users and 1 is a self-reported methamphetamine user.

- Fifteen drivers had encountered situations in which delivery deadlines were difficult to meet within speed limits and hours-of-service rules. Four of them stated that they “usually” have these difficulties. Of these 15 drivers, 10 were stimulant consumers and 2 were self-reported methamphetamine users.
- All 20 interviewees said they worked for companies that do random unannounced drug testing, but none admitted to testing positive.

Messages Recommended by Truck Drivers

All participants were asked what they would tell other drivers to deter them from using methamphetamine.

- The most frequent single response was that it is bad for your health.
- Other answers included driver safety concerns and that it doesn’t help you do your job.
- The majority agreed that an illustration of a fatal crash due to methamphetamine use would be the most effective message.
- The theme of methamphetamine use escalating out of control was ranked at the bottom based on mean ratings of the total sample. However, eight participants rated it “extremely effective,” and of the eight, two were self-reported users and five knew a methamphetamine user well.

Helpful Hint

Messages can appeal to a variety of emotions, e.g., those associated with parenthood or friendship or bereavement. They may make a message attention getting and memorable. However, strong emotional appeals may backfire if they are not done carefully and tested with members of the target audience.



Spokesperson

The greatest number of participants said that the kind of person they would find trustworthy and believable was another driver, with most specifying a driver who had bad experiences as a result of taking the drug and had rehabilitated himself. Any perceived connection to a government body, especially the Federal government, would reduce the effectiveness of any spokesperson.

Channels

- Fifteen truck drivers said they listened to country music radio stations.
- Talk radio was another favorite for 12 of the drivers.
- Eight of the drivers listened to rock-and-roll radio stations.
- All the drivers used citizens band (CB) radio.

Communication Strategies Suggested by the Research

Having a message, a channel, and spokesperson is but part of the strategy development process. The first task is to decide what kind of change is needed, based on background research (see box). Then a focal point is selected for the prevention activities, such as changing individual behavior, changing group or societal norms, or changing environment and policy.

Different focal points can mean different targets. For example, for a policy focus, communication efforts might be directed to policy makers,

employers, and others who influence what truck drivers may do, rather than target the truck drivers themselves.

Strategy options for truck drivers include:

1. Producing a radio talk show, with drivers who have suffered negative consequences from methamphetamine use as the guests, to reinforce the knowledge truck drivers already possess. The discussion could include information about lack of control over the drug, accidents due to drug use, potential job loss, and health problems associated with use.
2. Partnering with trucking companies to develop educational messages on unsafe driving conditions resulting from the use of methamphetamine (and other stimulants) while driving. These materials could be presented during safety lectures or driver meetings about drug testing.
3. Encouraging truck stop owners to increase measures that decrease the sale and use of methamphetamine in back lots. This may involve a meeting with local law enforcement officials, health officials, and truck stop owners, or even public debates on the influence that sales in back lots have on the rest of the community.
4. Using local talent to develop a country song about stimulant use and truck driving, promoting the song in truck stops and restaurants frequented by truck drivers, and giving away free cassettes at rest stops.
5. Setting up free coffee stops at local rest stops, distributing materials that suggest healthy alternatives to methamphetamine use, and offering

quick physical activities that increase alertness without use of stimulants.

6. Partnering with human resources in trucking companies to develop materials on the dangers and temptations of methamphetamine use for distribution to new drivers. These and the physical activity alternative material could be distributed with paychecks.
7. Teaming with some truck drivers to promote dialogue or discussions about methamphetamine on CB radios.
8. Partnering with the trucking companies to introduce policies to reduce stresses on long-range drivers in terms of speed limits or time spans for working.

Mexican American/Mexican Workers

The literature review and data from interviews with methamphetamine users and substance abuse providers suggested significant methamphetamine use among Mexican migrant construction and food service workers. Anecdotal evidence also linked Mexican migrant farm laborers to methamphetamine use. Thus the in-depth exploration of methamphetamine use among Mexican migrants focused on three different occupations: construction, food service, and agriculture.

Research Findings

Profile of the Workers Interviewed

For one-on-one interviews, an interviewer drove to work sites in agricultural areas and construction sites and recruited interviewees. Workers were asked if they wished to participate in the study. Of 200 individuals approached, 23 agreed to be interviewed. The 23 workers were from three Arizona communities: Tucson, Sierra Vista (a small agricultural community just southeast of Tucson and near the Mexican border), and Chandler (a suburb just east of Phoenix centered in a productive agricultural area). This area was chosen because of the large number of Mexican and Mexican American workers there.

Research Steps

1. Review what is known about the extent of the problem.
2. Add any other relevant information.
3. Consider individual or environmental factors that influence the target audience.



All of those who agreed to participate self-identified as Mexican American or Mexican. The men and women were between the ages of 23 and 59 years old. Of the 23 workers, 1 worked in food service, 1 in a casino, 2 in maintenance, 3 in housekeeping, 3 in construction, and 13 in the fields.

In two focus groups conducted in Tucson, Arizona, from March 25 to April 7, 1998, participants were contacted in the local soup kitchen, at a park, in several community outreach programs, in local bars, on the street, and in picaderos (back alleys where drug abusers engage in drug use and dealing).

The field worker contacted 45 potential participants, 20 of whom committed themselves to attending the sessions with 14 actually attending the sessions. Eight men participated in the first focus group and six men in the second group. The first session was conducted in Spanish and the second in English based on each group's preference. All participants were bilingual in English and Spanish. Respondents' ages ranged from 20 to 55 years. Of the 14 participants, 7 of the men were single, 5 were divorced, 1 was separated and 1 was married. Six men self-identified as Hispanic, four as Mexican, and four as Mexican American. Thirteen respondents had lived in the United States for 11 years or more, with one residing in the country less than 5 years. The 14 focus group participants were actively using or recovering and were unemployed or worked at odd jobs.

Extent of the Problem Among Workers

- All of the participants in both the interviews and focus groups stated that methamphetamine use was increasing among Mexican and Mexican American workers in all occupations represented.

- Methamphetamine is called "peanut butter speed" (because of its brown color) and "chicken speed" (reflecting its yellowish tint). Peanut butter speed is said to originate in Mexico.
- Most informants recalled that their first methamphetamine use took place at work. The words of a 45-year-old field worker were typical of many interviewees: "There were some men I was working with, and they asked if I wanted to try some, and that it would help me with work. And I took some and it did help me."
- These workers say they have easy access to methamphetamine. No respondents cited price as a barrier. Field workers noted that they typically paid \$5 to \$10 for one dose (*un papel*) of methamphetamine, but it was also not uncommon to pay \$20 for a larger dose. The smaller dose typically lasts for a day or slightly longer. An agricultural worker typically makes \$60 a day; methamphetamine is considered an inexpensive drug because it provides a long-lasting high relative to its price and in comparison with cocaine and heroin.
- Workers interviewed said dealers even travel to the fields to make their sales. The focus group respondents said methamphetamine could be found on the north and south sides of Tucson and that labs were located around the university.

Knowledge, Attitudes, and Practices

- The major reason given by informants for using methamphetamine was that it enabled them to work longer and make more money.
- Most users among farm and field workers reported that they expected their work performance to be improved by using methamphetamine, or that they thought the drug would help them get through their workday. A restaurant worker recalled the first time he used metham-

"When I first started working the fields 20 years ago, no one was using. Now, everyone uses it."

50-year-old male field worker

phetamine: “This man said he had a lot of work and he told me to try it. ‘It’s going to help a lot,’ he said. And it did help me a lot because it was already 7:00 at night and I wasn’t even tired.”

- There are two broad types of methamphetamine users: those who use methamphetamine casually—to party and get high—and those who use it for enhancing work performance.
- Interviews with field workers indicated that pills or *pastillas* constitute a popular mode of ingesting methamphetamine. However, workers familiar with injecting drugs are likely to inject methamphetamine, although others may prefer smoking or snorting.
- Interviewees indicated that methamphetamine use was part of a larger constellation of poly-drug use. Users of marijuana and alcohol use methamphetamine along with those drugs. Many users rely on companion drugs to counteract the effects of methamphetamine. Counter-medication patterns tend to be associated with occupation. Construction workers tend to use heroin, or *chiva*, to a greater extent than field workers and are more likely to countermedicate methamphetamine with heroin. Field workers, who use marijuana and consume alcohol more frequently, tend to countermedicate with those two drugs.
- Effects associated with methamphetamine use noted by informants include enlarged eyes, fast movements, no need to sleep, loss of appetite, increased strength and force, and feeling rushed, nervous, paranoid, and hyperactive.
- Negative aspects of methamphetamine use were identified, such as the possibility of heart attack or stroke, “nerves,” loss of appetite and sleep, cramps, bad eyesight, bad health, depression, anxiety, “going berserk,” and mental exhaustion.
- Addiction was also mentioned as an important negative consequence of methamphetamine use. A 39-year-old construction worker summed up the negative aspects of methamphetamine use in the following way: “It affects you emotionally, spiritually, financially. You do well at work for a while, but then all you care about is the methamphetamine. You don’t care about the job or your family. You just want to get high. Instead of paying the bills, you are buying the drug.”



Environmental Considerations

A number of field workers reported that the length of their work shifts (in most cases 10 to 12 hours) encouraged the use of methamphetamine. Further, several interviewees noted that methamphetamine helped them hold down more than one job at a time.

Messages Recommended by Workers

Interviewees and focus group participants were asked about potential messages for a methamphetamine communication program. They suggested the following:

- Using scare tactics. Frank portrayals of methamphetamine risks such as “telling people that drugs will take away your looks” or that “meth kills” were recommended by many current users as effective deterrents.
- Emphasizing respect for yourself. “Everything starts with you,” and “You have to learn to love yourself first and to have self-respect.”

Spokesperson

- One respondent suggested that the most effective spokesperson would be “someone who has been on drugs and understands drugs.”
- An understanding of the immigrant experience is important in any spokesperson selection. “In all messages, it is the people’s word that counts.”

Helpful Hint

One of the most controversial emotional appeals is fear. Some researchers have found that it often inspires denial on the part of the people at risk for substance abuse. Some fear appeals can work though. If the fear is first raised and then resolved with a feasible solution—e.g., calling a hot line for help—it may be effective. Careful testing with your target audience is especially important if you consider using fear.

Applying Health Communications and Social Marketing to Substance Abuse Problem Prevention, 1996

Channels

- All of the workers listened to the radio or watched TV for at least a few hours a day. All participants indicated that they watched and listened to both English and Spanish language stations.
- Some workers listen to the radio during their entire work shift.
- Workers indicated any prevention program or message would have to be taken to the fields to be effective, but did not indicate why.

Communication Strategies Suggested by the Research

In some racial/ethnic communities, it is taboo to share problems with others. People who know about substance use problems in their communities may feel that they are betraying their friends and neighbors by sharing information about them with outsiders. It takes some time to develop trust while strategies are being developed. Community members may respond to a sincere approach by being extremely helpful in gathering answers and helping present the data in unoffensive ways.

Strategy options for Mexican American/Mexican workers include:

1. Advocating for better working conditions for workers as one component of advocacy for change. Influencing the attitudes of the owners of the businesses and the direct supervisors by

increasing their knowledge of legal penalties or fines levied against businesses that condone methamphetamine use is another.

2. Demonstrating peer resistance skills to help new workers resist using methamphetamine. Pairing this with healthy behaviors will build their stamina for the long hours of work, such as eating light meals that are easy to digest, or taking a brisk walk during a break or after eating. The public health nurse, visiting nurse, or health clinic workers could present this information orally and in written form. Or these activities could be provided in or near the worksite during the daily breaks taken by the workers.
3. Researching and reinforcing cultural norms that prohibit the use of drugs. These messages could be presented through the churches or local Spanish or bilingual radio and television stations.
4. Refuting myths and misconceptions about the short-term benefits of methamphetamine use by balancing those with the long-term negative consequences of addiction. Use a worker who has suffered the consequences of long-term use as a messenger or spokesperson.
5. Showing the benefits of behavior change by providing examples of persons who are productive without methamphetamine or other stimulant use and how they do it.
6. Partnering with a local Hispanic organization to offer alternative activities in the evening and on nonwork days that support a healthy drug-free lifestyle. These activities could include cultural events that reinforce self-respect and pride.

Men Who Have Sex With Men (MSM)

Based on the interviews with researchers and clinicians, methamphetamine use by men who have sex with men (MSM) appeared to be concentrated on the West Coast, in cities with large populations of men who have sex with men. Most of the research, prevention, and treatment programs for MSM focus on San Francisco, Seattle, and Los Angeles, where methamphetamine use is clearly a problem. Interviews and two focus groups were

conducted in a city not on the West Coast in order to test the hypothesis that methamphetamine use is moving eastward. Houston, Texas, was chosen as a site for interviews and focus groups, based on reports of MSM crystal use, the presence of MSM-specific drug abuse programs and social services, and the availability of individuals willing to assist and support the research process. Two interviews also were conducted with MSM in Washington, D.C., in order to test the interview guide.

It should be noted that among MSM only a small percentage uses methamphetamine—as within the heterosexual population. It is not a norm to use methamphetamine for MSM. However, there appears to be an identifiable population among MSM who use methamphetamine, particularly in late-night clubs and in a sexual context.

Research Findings

Profile of MSM Interviewed

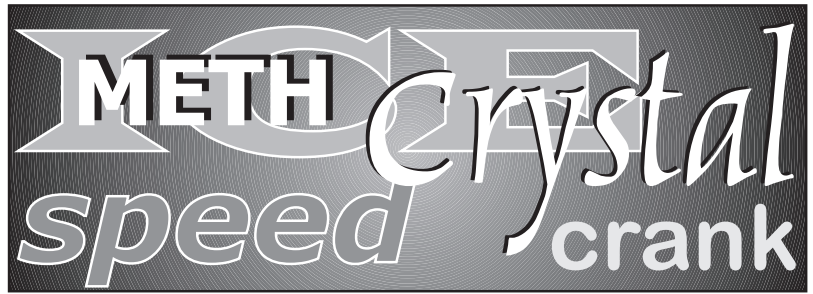
In order to maximize the number of MSM interviewed who used methamphetamine, the following selection criteria were used:

- Men who have sex with men
- Men who party and use substances other than alcohol
- Men who had used methamphetamine in the past 30 days.

Of the 13 men interviewed, 2 were from Washington, D.C., and the rest were from the Houston, Texas, area. Ten of the men were White, two were African American, and one was Hispanic. The median age was 36 years old. All of the men self-identified as gay or bisexual. They came from a variety of occupations and income levels..

A total of 11 men participated in the two focus groups conducted in Houston. Nine were White; two were African American. They ranged in age from 18 to 51 years. Four participants identified as gay, five as bisexual, and two as heterosexual.

Their occupations ranged from agricultural, construction, retail, waiter, and hustler to unemployed and disabled. The focus groups and interviews were conducted March 19-24, 1998. It is not clear what social effects were at work in the focus group discussions, but it appears there is a



difference between risks acknowledged in an individual interview and in a group setting.

Methamphetamine users among MSM throughout the United States have many and varied names for the drug. By far, the most common term is crystal, short for crystal methamphetamine, and appears to be universal among MSM from coast to coast. The term refers to the crystalline and powder form of the drug. Crystal, therefore, will be used throughout this discussion of MSM to refer to methamphetamine.

Extent of the Problem Among MSM

- The majority of the Houston interviewees thought that methamphetamine use in Houston had reached a plateau.
- Both Washington, D.C., interviewees felt that methamphetamine use is on the rise.
- More than half of the interviewees first used crystal at a bar or dance club. Others first used the drug in the context of a sexual encounter or in a private home with a friend, the latter being more common for users who inject (shoot) methamphetamine.

Knowledge, Attitudes, and Practices

- Most MSM crystal users were polydrug users.
- Although each of the MSM used a variety of different drugs, all interviewees specifically used, at a minimum, five drugs (in addition to

“Terrible, terrible side effect; messes with heart and breathing; constant users are shells of former self.”

MSM

methamphetamine): alcohol, cocaine, ecstasy, LSD, and marijuana.

- Most interviewees stated that they used cocaine if they could not find crystal.
- Many of the MSM used crystal and other drugs to self-medicate for problems associated with sexual identity, self-esteem, and depression.
- All interviewees stated that those friends who also use crystal do not judge them for their use and do not care. Most of the seven interviewees who had non-crystal-using friends stated that those friends were not aware of their crystal use and would disapprove if they found out. These interviewees avoided their nonusing friends when they were using crystal and even terminated friendships to avoid their judgment and disapproval. Generally it was the newer or younger users who had family and friends who were not aware of their use.
- MSM crystal users interviewed often frequented late-night and after-hours clubs, hustler bars, bookstores, and bathhouses where the drug is commonly used.
- Men generally used crystal to be up, alert, and exhilarated at all-night dance clubs and to be ready for intense, uninhibited sex.
- Interviewees cited few disadvantages and many positive aspects of being high on methamphetamine. However, they all commented on the negative aspects of coming down or crashing and identified it as a terrible experience for all users.
- The method of administration varied. Most respondents snorted methamphetamine; some both snorted and shot; only one respondent shot exclusively.
- The men who shot methamphetamine stated that they preferred to do this with other shooters. They stated that they required a certain privacy and camaraderie not needed for those who snort and that home environments are more conducive.
- Interviewees believed that casual use is possible, although none demonstrated this type of use, and they believed this type of use can become more habitual over time.

- Although MSM demonstrated an awareness of the negative health effects of crystal use, they did not consider this a barrier to continued use.
- The crashing from crystal use prompted MSM to self-medicate with other drugs, such as alcohol or cocaine, to lessen the effects.

Environmental Considerations

- Snorting was socially acceptable, if not tacitly permitted, in late-night clubs and in the circuit party scene.
- Cocaine was described as readily available in Houston, and lower-priced than methamphetamine. Many users cited this as a reason that methamphetamine use is not more widespread in Houston.

Messages Recommended by MSM

Interviewees and focus group participants were asked what messages might deter methamphetamine use. They suggested the following:

- Presenting information on the immediate negative symptoms, health effects, and the long-term physiological effects of methamphetamine use.
- Making sure that messages are realistic and emphasize the darker side of methamphetamine use, specifically the short- and long-term health effects.
- Using visuals such as pictures of emaciated long-term users.

Spokesperson

- Interviewees most often mentioned a doctor, clinic, or former user.
- MSM stated it is vital that any spokesperson be perceived as understanding their needs.

Channels

The MSM interviewees suggested:

- Television
- The local newspaper and the local gay newspapers—the most commonly read newspapers by interviewees and focus group participants—for advertisements on awareness, prevention, and treatment
- Distribution through places where MSM crystal users are found, such as bars and bathhouses.

Communication Strategies Suggested by the Research

Some communication strategies are better suited to certain contexts and settings. For example, media advocacy is most suitable when one is trying to change policy and needs to draw media attention to the issue; social marketing is more effective in raising people's awareness of a particular issue in a community. Strategy options for MSM include:

1. Increasing the knowledge of negative effects of methamphetamine use and using its effect on the cardiovascular system and the possible result of impotency. Physicians from known clinics that serve MSM could make one-on-one presentations of the message.

Helpful Hint

Cultural competence is a set of academic and interpersonal skills that allows individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community in developing targeted interventions, communications, and other supports.

*CSAP Technical Assistance Bulletin,
"Following Specific Guidelines Will Help
You Assess Cultural Competence in
Program Design, Application,
and Management," 1994*

2. Designing prevention efforts that are culturally appropriate for gay/bisexual/MSM methamphetamine users and that focus on their MSM identity as well as their drug-using behaviors—specifically the high-risk sexual activities associated with methamphetamine use.
3. Influencing the norm of open use of methamphetamine in bathhouses, bars, and dance clubs by targeting messages to the patrons of these establishments. Working with TV producers to include story lines could help to promote healthier norms.
4. Placing messages in local newspapers and materials targeted to MSM to reinforce the dangers of methamphetamine use, unprotected sex or needle sharing, and possible HIV infection. Teaming with other service providers who currently address these issues could ensure that methamphetamine use is included among their list of potential harms.
5. Placing the messages illustrating both sides of the issue in health clinics, bathhouses, bars, and dance clubs. Putting faces on the issue by commissioning testimonials from methamphetamine users could demonstrate the social and financial destruction of long-term drug use.
6. Increasing knowledge of the addictive nature of methamphetamine through health services serving the gay community and through gay newspapers and magazines.
7. Promoting ways to party without the use of methamphetamine or other drugs through events sponsored at bars and dance clubs—e.g., natural energy or libido boosting drinks.
8. Addressing the root cause of methamphetamine use such as depression, sexual compulsion, and self-esteem issues.

Designing a Methamphetamine Use Prevention Communication Program

A comprehensive methamphetamine prevention program with a communication component has the potential to decrease use in your community. The key is to define the extent of methamphetamine use and then learn everything you can about those affected by this use. Essential for an effective communication program is to identify clearly the issue to be addressed, the target population, the factors that influence population members' behavior, the channels of communication that can effectively communicate the message to the population, and the message that can best influence behavior change. Research in your geographic area can help you define the issue, specify the population, and design the right communication strategies. Each population reacts and interacts differently based on cues in their environments and their own interpersonal and cultural underpinnings. As this report demonstrates, qualitative research on a population may be subjective but is also enlightening. When you involve the affected population, you gain a working knowledge of the attitudes and practices of those affected, the factors or persons who influence their behavior, and their sources of information and influence.

1. Examine the Problem in Your Area

Contact your local RADAR Network Center, regional Center for the Application of Prevention Technologies (CAPT), State Alcohol and Drug Authority, and other local and State resources to see what information is available on methamphetamine use in your community. If there is not enough information available, consider the following methods for further research:

- **Audience interviews.** Conduct in-depth interviews with members of the target population at locations frequented by the potential target

audience. (See sample guide and screener in Appendix A.)

- **Expert forums.** Arrange a forum with experts who have studied or worked with the population. Include, for example, researchers, treatment providers, outreach workers, and community agency providers. They can explain how best to approach the audience, what programs are already in place, what current needs exist, and the best way to distribute your messages and materials.
- **Knowledge, attitudes, and practices survey.** Use surveys to find out what the population knows about methamphetamine use, their attitudes toward its use, and when and how they use the drug.
- **Focus group discussions.** Arrange for a trained facilitator to conduct 1- to 2-hour group discussions with six to eight representatives of the target population. In these discussions, find out the knowledge, attitudes, and practices associated with methamphetamine use. Also find out their perception of the benefits of using, what would prevent them from using, and the best way to present your message. (See sample guide and screener in Appendix A.)

2. Consider the Full Potential of the Strategies

Traditionally, some communication strategies have been used almost exclusively to support, and are almost inextricably linked to, certain types of prevention efforts. The best example is social marketing, which addresses the needs of a specific target audience. For years, social marketing was used to target individual behavior, as in some memorable campaigns and public service announcements developed to convince adult males not to use cocaine, expectant mothers not to drink, and youth

Communication Strategies

- Media literacy—increasing the ability to communicate competently in all media forms as well as to access, evaluate, and understand the powerful images, words, and sounds that make up our contemporary mass media.
- Social marketing—applying techniques similar to those used to market commercial products to address health and social issues. Social marketing focuses on an identified target audience—attempting to persuade that audience, mainly through various kinds of media, messages, and materials—to adopt an idea, a practice, a product, or all three.
- Public relations—planning and executing a program of action to earn public understanding or acceptance. This includes a management function to evaluate public attitudes and identify which policies and procedures of an individual or an organization should be influenced.
- Media relations—working directly with persons in the mass media responsible for news, editorial, public service, and sponsored programs.
- Media activism—working to change media policies and practices in order to improve the accuracy and fairness of reporting and to increase access to media outlets by the communities that they cover.
- Media advocacy—strategically, using mass media often in conjunction with community organizing, to change social or public policies.
- Education-entertainment—inserting educational content in an entertainment message.

not to start smoking cigarettes or using other drugs. More recently, social marketing has also been used as an effective tool for bringing about environmental and policy change. It is even being used to complement other strategies like media literacy.

3. Use a Variety of Strategies

Remember that communication is a tool. With a comprehensive prevention plan as your guide, you can use communications to get where you need to go. But it is easy to become wed to a single strategy. Mix and match communication strategies to get the best results. You might even want to sequence your strategies as you progress toward your objectives and goals. For example, in a methamphetamine prevention effort, initial communications might focus on raising awareness about the existence of the problem. Later the focus might be a campaign to educate about the dangers of methamphetamine use to the individual and the community. At the same time, activities might point out mixed messages about behavior portrayed in movies and/or television programs or unfair/uneven media portrayals of the methamphetamine issue as primarily a problem of one or

more racial/ethnic groups. And still later, the communication component could focus on attempts to effect change or adopt a particular policy related to worker safety.

4. Pretest and Partner, Involving the Target Groups in Both Activities

Pretesting with your target audience can tell you whether your materials and messages are understandable, believable, personally relevant, culturally relevant, attention getting, and memorable. Involvement by the target audience may enhance the development of an effective message and selection of appropriate channels.

5. Get Expert Help

Obtaining advice from expert reviewers in the fields of medicine, law, education, psychology, sociology, or media production can help ensure that your prevention message has a solid scientific foundation, that it will not raise unforeseen legal difficulties, and that it will appeal to its intended audience.

To learn more about methamphetamine use, see:

General Methamphetamine-Related Publications

GREENBLATT JC, GFROERER JC.
Methamphetamine Abuse in the United States. OAS Working Paper. Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Updated August 8, 1997.

This is a presentation of recent methamphetamine use trends based on drug-related deaths, hospital emergency room admissions, and a national household survey; data are collected from the Drug Abuse Warning Network (DAWN), the Treatment Episode Data Set (TEDS), and the National Household Survey on Drug Abuse (NHSDA), respectively. Statistics are organized by State, metropolitan area, demographic characteristics, and cause of death. Seven references to data sources are listed.

**OFFICE OF NATIONAL
DRUG CONTROL POLICY.**
The National Methamphetamine Drug Conference: Conference Proceedings. May 28-30, 1997. Available at <www.whitehousedrugpolicy.gov:80/pdf/book1.pdf>.

This is a complete account of a national methamphetamine conference, including speeches, statements, and lectures by numerous elected and appointed Government officials. Plenary sessions provide a back-

ground of current trends in methamphetamine production, distribution, use, physiological effects, treatment, and law enforcement. Working groups of experts representing the public and private sectors assess these and other issues, and make recommendations for further action. Recommendations include questions and answers addressing prevention, education, treatment, clandestine labs, drug courts, and precursor chemical control. Names and affiliations of those who presented at the conference are provided throughout the proceedings.

**SUBSTANCE ABUSE AND MENTAL
HEALTH SERVICES ADMINISTRATION,**
Center for Substance Abuse Treatment. *Proceedings of the National Consensus Meeting on the Use, Abuse, and Sequelae of Abuse of Methamphetamine With Implications for Prevention, Treatment, and Research,* December 1996. DHHS Pub. No. (SMA 96-8013), 1997. Washington, DC: U.S. Government Printing Office.

This report summarizes 18 scientific presentations delivered at a 1996 symposium on methamphetamine use. The 31 participants included Government and non-Government scientists as well as other professionals who work on issues of drug abuse and prevention. Topics presented at the conference include epidemiology, mechanisms of action, toxicity, prevention, illicit trafficking, and drug policy. This is a well-rounded account of the national drug control

perspective (including source data) and the pharmacological effects of methamphetamine use. No list of references or bibliography is provided.

**SUBSTANCE ABUSE AND MENTAL
HEALTH SERVICES ADMINISTRATION,**
Center for Substance Abuse Prevention. *Substance Abuse Resource Guide: Methamphetamine.* In press.

This is a comprehensive guide to methamphetamine-related publications, videos, reports, e-mail addresses, organizations, and agencies. The easy-to-use format groups resources by subject area. Prevention materials listed include information on year published/developed, format, length, topics covered, target audience, language(s), and availability (source/cost). Summaries of materials listed help the reader to determine what may be useful for her/his needs.

**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES,**
National Institutes of Health, National Institute on Drug Abuse. NIDA Initiative Tackles Methamphetamine Use. *NIDA Notes*, 1998; 13(1). Available from the National Clearinghouse for Alcohol and Drug Information (NCADI: see page 26 for contact information).

NIDA's broad-based methamphetamine research initiatives made possible through the \$6.2 million allocated in 1997/98 are outlined. These efforts are intended to increase scientific knowledge about the

neurobiological mechanisms of methamphetamine, and to provide health care workers and the public with information about use, effects, prevention, and treatment. The names and affiliations of several research scientists, as well as the objectives of their studies, are provided. Topics range from studying the adverse impacts of long-term use, to epidemiology and behavioral treatments for specific user populations, to developing medications to reduce use and cravings. A one-page comparison of methamphetamine and cocaine is provided.

U.S. DEPARTMENT OF JUSTICE.
National Methamphetamine Strategy Update, May 1997. NCJ Pub. No. 161413. Available from the National Criminal Justice Reference Service (NCJRS: see page 26 for contact information).

This is a comprehensive and concise update on the national efforts of Government agencies, including efforts regarding legislation, law enforcement, intelligence and data collection, education, prevention, and treatment. Emphasis is on efforts of U.S. agencies "to prevent the spread of this scourge," i.e., methamphetamine use. This document is helpful in identifying agencies that track data on methamphetamine production, distribution, and prosecution.

Methamphetamine Use Related to Specific Populations

BRAVER ER, PREUSSER CW, PREUSSER DF, BAUM HM, BEILock R, ULMER R.

Long hours and fatigue: A survey of tractor-trailer drivers. *Journal of Public Health Policy*, 1992; Autumn: 341-363.

This article focuses on the prevalence of trucker violations of maximum allowable hours of driving and subsequent fatigue and increased risk for

crashes. Statistical data from multi-state driver surveys are examined to determine the cause and extent of these violations. Methamphetamine use is not mentioned in the article. An extensive list of 34 references is provided.

EGGAN F, REBACK C, DITMAN D.
Methamphetamine use among gay male drug users: An ethnographic study. *International Conference on AIDS, July 7-12, 1996*; 11(1): 338 (Abstract No. Pub.C.2417).

An ethnographic study undertaken by the AIDS Coordinator's Office in Los Angeles targeted self-identified gay men who used methamphetamine at least once a week. Observational fieldwork was conducted in identified high-risk drug and sexual areas including bars and sex clubs, hotels, and streets and alleys. Thirty in-depth unstructured interviews were conducted as well as five focus groups with members of the target population, encompassing several class and ethnic strata. The study found that gay men who use crystal methamphetamine exhibit social behaviors and develop social networks that intersect both their gay identity and drug-using practices. Unlike heterosexually identified drug users, methamphetamine use in certain gay communities is specifically associated with sexual functioning. A lesson learned from the study was that HIV prevention efforts targeting gay male drug users must design culturally appropriate intervention programs that focus on both gay identity and drug-using behaviors, specifically the high-risk sexual activities associated with crystal use.

GORMAN EM, GUNDERSON R, MARLATT A, DONOVAN D.
HIV risk among gay and bisexual methamphetamine injectors in Seattle, Washington. *International Conference on AIDS,*

July 7-12, 1996; 11(2): 477. (Abstract No. Pub. C.1257).

The authors report on an ethnographic study of gay and bisexual male methamphetamine users in Seattle that described the factors influencing the natural history of methamphetamine use, common behaviors and social patterns that provided the context for drug use, and preliminary typologies of social networks of users to identify intervention points to inform the development of prevention and intervention strategies.

JOE, KA.

The life and times of Asian-Pacific American women drug users: An ethnographic study of their methamphetamine use. *Journal of Drug Issues*, 1996; 26(1): 199-218.

Although Asian-Pacific Islander Americans have a long history in American society and represent the fastest growing minority group, they remain a relatively unknown and obscure population. In particular, although ethnic myths about Asian women continue to persist, the complexities of the lives of Asian-Pacific Islander American women remain a mystery. This article represents the first ethnographic account of Asian-Pacific Islander American women drug users, and specifically explores their onset and patterns of drug use and coping strategies in relation to the competing cultural claims on their lives.

LUND AK, PREUSSER DF, BLOOMBERG RD, WILLIAMS AF.
Drug use by tractor-trailer drivers. *Journal of Forensic Sciences*, 1988; 33(3).

This article presents the findings from a random sample of 317 truckers whose blood and/or urine was tested for a wide variety of potentially abusive drugs. The truckers were all located along the same highway in December of 1996; of the 359 asked to participate, 38 declined. The find-

ings group drugs together, so no definitive information is gleaned about methamphetamine use alone.

MORGAN P.

Researching hidden communities: A quantitative comparative study of methamphetamine use in three sites. In *Epidemiological Trends in Drug Abuse: Community Epidemiology Work Group Proceedings, 1994* (pp. 402-410). NIH Pub. No. 94-3746.

This short paper summarizes the findings of a qualitative study of previously unstudied populations in three U.S. cities: San Francisco, San Diego, and Honolulu. One hundred and fifty moderate to heavy methamphetamine users were studied at each site, including Asian Americans, "bikers," gay men, young working class men, and Hispanics. Findings are categorized by demographic characteristics, modes and patterns of use, effects of continued use, individual consequences, social consequences, and environmental contexts.

MORGAN P, JOE KA.

Citizens and outlaws: The private lives and public lifestyles of women in the illicit drug economy. *Journal of Drug Issues*, 1996; 26(1): 125-142.

This scholarly paper explores the ethnographic context of illicit drug use, particularly methamphetamine, among women. Specifically, it addresses the lifestyle, economic context, self-control, professional pride, and ethics of female users. The paper utilizes a 1991-94 qualitative study of methamphetamine use in three U.S. cities (San Francisco, San Diego, and Honolulu) to discover the rationale, patterns, and problems associated with methamphetamine use by females. An extensive list of references provides sources for more information on women and substance abuse.

**NATIONAL INSTITUTE ON
DRUG ABUSE.**

NIDA Research Report—Methamphetamine Abuse and Addiction, April 1998. NIH Pub. No. 98-4210. Available from NCADI (see page 26 for contact information).

This report is based on the latest Federal research and answers a series of questions: What is methamphetamine? What is the scope of abuse in the United States? How is it used? Are methamphetamine users at risk for contracting HIV/AIDS and hepatitis B and C? What is effective treatment for the users? A glossary of terms and resources is included.

**OFFICE OF NATIONAL DRUG
CONTROL POLICY.**

Methamphetamine: Facts and Figures. ONDCP Drugs and Crime Clearinghouse. Rockville, MD: Author, 1997. PK29.

Investigative, seizure, price, purity, and abuse data indicate that methamphetamine trafficking and use in the United States has been on the rise over the past few years. The Federal Government is preparing regulations to further reduce the diversion of pharmaceutical products containing chemicals such as ephedrine and pseudoephedrine that can produce illegal drugs. In addition to the large-scale domestic production of methamphetamine in California, this drug is increasingly produced in Mexico and smuggled into the United States. Organized crime drug lords operating out of Mexico currently dominate the wholesale methamphetamine trafficking in the United States.

REBACK CJ, DITMAN D.

The Social Construction of a Gay Drug: Methamphetamine Use Among Gay and Bisexual Males in Los Angeles. City of Los Angeles, Office of AIDS Coordinator, 1997.

This scholarly report represents a thorough examination of the reasons for, and context of, methamphetamine use among gay men. It is based on a study of 54 current crystal users and 9 former users in Los Angeles. Many of the findings may be relevant for other gay, methamphetamine-using populations in other large metropolitan areas around the United States. A 12-page executive summary provides succinct, bulleted statements covering every aspect of the study. These include study design, identities associated with crystal use, reasons for use, settings for use, HIV risks associated with use, and recommendations.

**ROTHERAM-BORUS MJ, LUNA GC,
MAROTTA T, KELLY H.**

Going nowhere fast: methamphetamine use and HIV infection. In *The Context of HIV Risk Among Drug Users and Their Sexual Partners, 1994* (NIDA Research Monograph No. 143, pp. 155-82). NIH Pub. No. 94-3750.

To decrease the level of HIV risk for adolescents through effective intervention programs, it is necessary to understand the contexts of their sexual behavior. The contexts and activities of gay and bisexual male youths that might place them at high risk for HIV infection are explored. Selected life episodes and case studies are presented of three gay or bisexual youth living with HIV or AIDS. Intervention strategies are identified that appear to help youth modulate or cease methamphetamine use and thereby reduce future HIV-risk activity.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, Public Health Service, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention; National Institute on Drug Abuse; Substance Abuse and Mental Health Services Administration. *Action Steps and Report From the*

Northwest Regional Workshop: HIV Prevention Approaches for Alcohol and Drug Use Among Men Who Have Sex With Men, September 3-5, 1997. University of Washington, Seattle.

This is a succinct summary of action steps and recommendations generated by a workshop of more than 100 researchers and practitioners with

expertise in alcohol and/or methamphetamine use, treatment, and prevention. Areas for further research, prevention, and treatment are suggested, and strategies specific to the ethnographic characteristics of men who have sex with men are considered. A roster of all workshop participants is provided, including affiliation and contact information.

Examples of methamphetamine use prevention and risk reduction campaigns include:

Arizona National Guard
Directorate of Methamphetamine Control Strategy
1700 West Washington Street
Phoenix, AZ 85007
Phone: 888-466-6924

The Arizona National Guard is the lead agency for the statewide methamphetamine use prevention initiative and has developed communication materials for general audiences.

STOPAIDS Project
2128 15th Street
San Francisco, CA 94114-1213
Phone: 415-575-0150
Fax: 415-575-0166

The STOPAIDS project has developed a series of materials intended to reduce the risk of HIV transmission among men who have sex with men (MSM). The Crissy campaign attempts to reduce behaviors among MSM who use methamphetamine.

More information and training is available from:

Centers for the Application of Prevention Technology

CSAP supports six regional Centers for the Application of Prevention Technology (CAPTs). CAPTs provide training and technical assistance to prevention organizations in their region. Call 1-800-729-6686 to find out the location of the CAPT nearest you.

CSAP Communication Team

CSAP provides communication support and technical assistance through the CSAP Communication Team (CCT). Through telephone and onsite consultation, technical assistance workshops, expert reviews, and tailored response packets, CCT provides assistance on all seven communication strategies listed on page 20. CCT also developed the Technical Assistance Bulletins listed on page 28. CCT can be reached at 301-941-8500.

National Criminal Justice Reference Service (NCJRS)

P.O. Box 6000
Rockville, MD 20849-6000
Website: <www.ncjrs.org>
Phone: 1-800-851-3420 or 301-519-5500
E-mail questions: <askncjrs@ncjrs.org>
E-mail orders: <puborder@ncjrs.org>.

Operates the Justice Information Center, which provides information on crime prevention, criminal justice statistics, drugs and crime, juvenile justice, research, and evaluation. Also provides an abstract database.

National Institute on Drug Abuse (NIDA)

As part of the National Institutes of Health, NIDA supports research on the health aspects of drug abuse and addiction. NIDA produces materials for professionals and the public. Materials can be ordered by calling 1-800-729-6686. Some are also available on their website at <www.nida.nih.gov>.

Office of National Drug Control Policy (ONDCP) Drug Information Clearinghouse

P.O. Box 6000
Rockville, MD 20846-6000
Website: <www.ncjrs.org>
Phone: 1-800-666-3332
Fax: 301-251-5212
E-mail: <ondcp@ncjrs.org>

Operates a toll-free 800 number staffed by drug and crime information specialists, distributes ONDCP and Department of Justice publications, answers requests for specific drug-related data, performs customized bibliographic searches, and provides information on data availability as well as on other information resources for requesters.

RADAR (Regional Alcohol and Drug Awareness Resource) Network

Various training and technical assistance resources in States and communities are available across the country. Call your local RADAR Network Center to find what services are available in your area. To find the nearest RADAR Network Center, call 1-800-729-6686.

SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)

P.O. Box 2345
Rockville, MD 20847
Website: <www.health.org (PREVLIN)>
Phone: 1-800-729-6686; TDD at 1-800-487-4889
Fax: 301-468-6433
E-mail: <info@health.org>

Provides information on research literature, programs, and educational materials. Also provides information about the Centers for the Application of Prevention Technology (CAPTs) and the Regional Alcohol and Drug Awareness Resource (RADAR) Network, which may have resource centers in your region.

For help in conducting your own research and in planning communication campaigns, see:

CRESWELL JW.

Qualitative Inquiry and Research Design: Choosing Among Five Traditions. Thousand Oaks, CA: Sage, 1998.

This book broadly maps the terrain of options and approaches available to those wanting to choose, design, conduct, and write up a qualitative study. The focus is on five types of qualitative traditions of inquiry: biography, phenomenology, grounded theory, ethnography, and case study. The book presents the pros and cons of each type. It also provides the reader with how-to instructions as well as criteria for selecting, doing, and evaluating research.

KRUEGER RA, KING JA.

Involving Community Members in Focus Groups. Thousand Oaks, CA: Sage, 1998.

This book presents the argument that volunteers can often gather and present results more effectively than professionals if they are prepared and work together in the correct manner. This book offers tips, advice, and exercises for preparing people to conduct focus groups either as individuals or as a team.

SORIANO FI.

Conducting Needs Assessments: A Multidisciplinary Approach. Thousand Oaks, CA: Sage, 1995.

This easy-to-read volume guides the reader from the planning and developing stages of needs assessment to evaluating and reporting findings. In addition to the discussion of methods and statistical analyses, each chapter offers examples and problem-solving exercises drawn from a wide range of public and private human and health services agencies. There is also a chapter on special considerations in working with cultural, gender, income, educational, and regional differences. A final chapter offers guidance on effective report writing that will help to enhance the presentation and usefulness of findings.

SIEGEL M, DONER L.

Marketing Public Health: Strategies To Promote Social Change. Gaithersburg, MD: Aspen, 1998.

This book is designed to help public health practitioners understand basic marketing principles and strategically apply these principles in planning, implementing, and evaluating public health initiatives. The book is organized into two parts. Part I explains the reasons why both the public's health and the survival of public health itself is threatened and why an understanding of marketing principles is necessary for the public health practitioner. Part II discusses how to apply the principles presented in Part I in planning, developing, implementing, evaluating, and refining public health efforts to change individual behavior or to promote the adoption of public health programs and policies.

Technical Assistance Bulletins

The bulletins in this series provide information, practical suggestions, and ideas that will help you tailor your prevention messages to diverse groups. All are available through the SAMHSA's National Clearinghouse for Alcohol Drug Information. See page 26 for contact information. The following titles are available.

- **A Key Step in Developing Prevention Materials Is To Obtain Expert and Gatekeeper Review.** You can mount a successful communication campaign without an advanced degree; obtaining advice from expert reviewers can help to ensure that your prevention message has a solid scientific foundation. MS492.
- **Careful Concept Development Paves the Way to Effective Prevention Materials.** Before you commit time and resources to developing prevention messages and materials, you should know who is going to use the materials, and how. You should also be sure that you are not creating a product that already exists. These and other considerations are part of the concept development process. MS493.
- **Following Specific Guidelines Will Help You Assess Cultural Competence in Program Design, Application, and Management.** In order for prevention programs to be effective, they must acknowledge and incorporate the culture of the service recipients that they are trying to reach. This bulletin presents seven indicators or guidelines to assist you in developing or assessing the cultural competence of prevention programs. MS500.
- **Pretesting Is Essential; You Can Choose From Various Methods.** Use pretesting to help design materials and messages that work. Here are six methods from which to choose. MS498.
- **You Can Avoid Common Errors As You Develop Prevention Materials.** An organization may spend thousands of dollars in developing a campaign to fight the problems caused by alcohol, tobacco, and drugs. But that money goes to waste if the messages promoted in the campaign are unclear, outdated, or irrelevant. The purpose of this bulletin is to help developers of prevention materials avoid messages that may be misunderstood by service recipients. MS497.
- **You Can Manage Focus Groups Effectively for Maximum Impact.** Focus groups put you in touch with your audience and save time and money in the long run. Here's how to manage them. MS495.
- **Identifying the Target Audience.** Identifying the target audience is an essential step in planning an effective communication program for substance abuse. This bulletin helps to narrow the focus and improve chances of reaching members of a specific target audience with the most effective messages via relevant materials and channels. MS700.
- **Developing Effective Messages and Materials for Hispanic/Latino Audiences.** Hispanics/Latinos in the United States are a heterogeneous, complex population with rich internal diversity. Creative and innovative communication materials and strategies are needed to reach this diverse group. This bulletin provides information to help program planners meet the challenges of communicating effectively with the fastest growing ethnic population in the United States. MS703.
- **Evaluating the Results of Communication Programs.** Prevention program planners sometimes find evaluation difficult to do, and outcome evaluation may seem to be the most difficult. This bulletin describes how to plan and conduct outcome evaluation, explains the benefits of conducting outcome evaluation to document results of communication efforts, and offers suggestions for documenting short- and midterm results. MS706.

Truck Driver Screener

Introduction:

Hello. I work for a health education firm and would like to ask you a few questions to determine if you fit one of the quotas for the study I am doing.

(Tally initial refusals) 1 2 3 4 5 6 7 8 9 10

1. Do you drive a truck with a gross vehicle weight over 26,000 pounds?

☐ Yes

☐ No *(Tally and terminate)* 1 2 3 4 5 6 7 8 9 10

2. Are your trips generally interstate?

☐ Yes

☐ No *(Tally and terminate)* 1 2 3 4 5 6 7 8 9 10

3. Do your destinations sometimes vary from trip to trip, or do you drive a regular route every trip?

☐ Destinations sometimes vary

☐ Drive regular route every trip *(Tally and terminate)* 1 2 3 4 5 6 7 8 9 10

4. Does the company you work for have less than 100 trucks on the road?

☐ Less than 100 trucks. ____ About how many?

☐ 100 trucks or more *(Tally and terminate)* 1 2 3 4 5 6 7 8 9 10

5. Are the drivers at your company unionized?

☐ No

☐ Yes *(Tally and terminate)* 1 2 3 4 5 6 7 8 9 10

(Recruit drivers who qualify on all five of the questions above.)

6. I'd like you to participate in a survey designed to give us some information we need to develop health and safety education programs for truck drivers and their employers. The interview will take about 20 minutes, and we will pay you \$20 at the end of the interview. I can assure you that neither you nor your employer will be identified. Would you like to participate?

☐ Yes *(Continue. Attach this screener to main questionnaire.)*

☐ No. Thanks for talking to me. *(Retain this screener and start a new one.)*

Truck Driver Interview Guide

Respondent # _____ Date/Time _____

Introduction (Wording Optional)

Before we start, I should tell you that we will be talking about some activities that may be against motor carrier regulations. Since I would like your answers to be honest, I will ask if you have engaged in these activities in the past, but will not ask if you are still doing so. Let me assure you again that I have no connection with any regulatory or law enforcement agency and that you and your company will never be identified.

Hours of Service

1. Is the rig you are driving. *(Read choices and check one.)*
 1. ☐ A straight truck
 2. ☐ A tractor running bobtail
 3. ☐ A tractor pulling one trailer
 4. ☐ A tractor pulling two or more trailers
 5. ☐ Other → What?
2. Are you paid by the hour, by the mile, by the load, or as a percentage of revenue?
 1. ☐ By the hour
 2. ☐ By the mile
 3. ☐ By the load
 4. ☐ A percentage of revenue
 5. ☐ Other
- 3a. How often do you get loads where a penalty is imposed if it is not delivered by a certain time?
(Read choices)
 1. ☐ Always 2. ☐ Usually 3. ☐ Sometimes 4. ☐ Seldom 5. ☐ Never (Skip to 5)
- b. What kinds of penalties?
- 4a. How often are the delivery deadlines difficult to meet within speed limits and hours-of-service rules? *(Read choices)*
 1. ☐ Always 2. ☐ Usually 3. ☐ Sometimes 4. ☐ Seldom 5. ☐ Never (Skip to 5)
- b. What do you do when a deadline is too tight? Why?

- 5a. When you are on a long trip, how many hours do you usually drive between breaks? ____ hours
- b. How many hours do you generally spend behind the wheel during a 24-hour period? ____ hours
- c. How many hours do you generally sleep in a 24-hour period? ____ hours
6. The hours-of-service rules permit you to drive up to 10 hours at a stretch, or a combination of driving and other work up to 15 hours, before requiring an 8-hour rest period. When you are on a long trip, how often do you drive or work at or above the maximum permitted hours?
1. ☐ Always 2. ☐ Usually 3. ☐ Sometimes 4. ☐ Seldom 5. ☐ Never
7. Have you, personally, ever fallen asleep at the wheel, if only for an instant?
1. ☐ Yes 2. ☐ No
8. What do you do to stay alert while driving?

Drug Use (General)

Now I'd like to switch to a different subject:

- 9a. Based on your associations with other truck drivers where you work and in other companies, what percentage of them would you guess use drugs? *(Read choices if necessary)*
1. ☐ Less than 5% 4. ☐ Between 25% and 50%
2. ☐ Between 5% and 10% 5. ☐ Over 50%
3. ☐ Between 10% and 25% 6. ☐ Don't know
- b. What kinds of drugs do you think are most prevalent? What else?
- c. In general, what are the reasons truck drivers use drugs?
- 10a. What percentage of truck drivers would you guess use some kind of stimulant, including over-the-counter or prescription medications, as well as illegal drugs? *(Read choices if necessary)*
1. ☐ Less than 5% 4. ☐ Between 25% and 50%
2. ☐ Between 5% and 10% 5. ☐ Over 50%
3. ☐ Between 10% and 25% 6. ☐ Don't know
- b. What kinds of stimulants do truck drivers commonly use? What else? Why?

Methamphetamine Use

11a. Have you ever heard of a stimulant called methamphetamine?

1. ☐ Yes *(Continue)* 2. ☐ No

b. Methamphetamine also is sometimes called meth, crank, crystal, ice, or speed. Which of those names have you heard of? Any other names?

- | | |
|-------------------------------------|--|
| 1. <input type="checkbox"/> Meth | 4. <input type="checkbox"/> Ice |
| 2. <input type="checkbox"/> Crank | 5. <input type="checkbox"/> Speed |
| 3. <input type="checkbox"/> Crystal | 6. <input type="checkbox"/> Other (write in) |

12. Based on your own contacts with other drivers, what percentage of them would you guess have used methamphetamine? *(Read choices if necessary)*

- | | |
|---|---|
| 1. <input type="checkbox"/> Less than 5% | 4. <input type="checkbox"/> Between 25% and 50% |
| 2. <input type="checkbox"/> Between 5% and 10% | 5. <input type="checkbox"/> Over 50% |
| 3. <input type="checkbox"/> Between 10% and 25% | 6. <input type="checkbox"/> Don't know |

13a. Have you, in your lifetime, ever used methamphetamine?

1. ☐ Yes *(Continue)* 2. ☐ No

(If no, ask the respondent if he or she knows another driver who has used methamphetamine well enough to answer some questions about his or her use, and substitute "he" or "she" for "you" in the remaining parts of this question. If not, skip to 14.)

b. Did you (he/she) have any experience using other drugs before trying methamphetamine? What drugs? Under what circumstances?

c. What were your (his/her) reasons for using methamphetamine? *(After initial response, probe whether reasons for using were primarily related to work performance, other benefits, or both.)*

d. What was your (his/her) typical pattern of using methamphetamine? *(Probe for size of dose, frequency of dose, and how many days.)*

e. Did you (he/she) ever. *(Read choices and check all that apply.)*

- | | |
|--|--|
| 1. <input type="checkbox"/> take methamphetamine orally? | 3. <input type="checkbox"/> snort it? |
| 2. <input type="checkbox"/> smoke it? | 4. <input type="checkbox"/> inject it? |

- f. Which way of taking methamphetamine did you (he/she) prefer? Why?
- g. Did you (he/she) use methamphetamine in combination with other drugs?
1. ☐ Yes 2. ☐ No
- h. (If yes) What drugs? Under what circumstances? Why?
- i. Over how many months or years did you (he/she) continue to use methamphetamine?
_____ (Circle) months/years
- j. How well were you (was he/she) able to control the amount of methamphetamine used?
- k. Did you (he/she) ever want to quit? Why?
- l. What unwanted side effects, if any, did you (he/she) experience while using methamphetamine?
- m. What effects, if any, did methamphetamine use have on your (his/her) general health?

General Perceptions About Methamphetamine (ask all)

- 14a. What do you think are the benefits of using methamphetamine?
- b. What are the negatives? Are there any other reasons for not using it? What else?
15. How difficult is it for truck drivers to get methamphetamine? Generally speaking, where is it available?

OTC and Prescription Stimulant Use

- 16 a. Have you, in your lifetime, ever used an over-the-counter or prescription stimulant to stay alert or awake while driving?

1. ☐ Yes 2. ☐ No

(If no, ask the respondent if he or she knows another driver who has used stimulants to stay alert well enough to answer some questions about his or her use. Substitute “he” or “she” for “you” in the remaining parts of this question. If not, skip to question 17.)

- b. What over-the-counter or prescription stimulants did you (he/she) use for this purpose?
- c. *(If more than one)* Which one did you (he/she) use the most? Why?
- d. What was your (his/her) typical pattern of using that drug? *(Probe for size of dose, frequency of dose, and how many days.)*

Drug Prevention

- 17a. Do you work for a company that has a random drug-testing program?

1. ☐ Yes 2. ☐ No *(Skip to 17c.)*

- b. *(If yes)* Have you ever tested positive?

1. ☐ Yes → For what? _____ 2. ☐ No

- c. What percent chance do you think there is that a driver who uses methamphetamine will be detected in a random drug test? *(Read choices if necessary)*

1. <input type="checkbox"/> Less than 5%	4. <input type="checkbox"/> Between 25% and 50%
2. <input type="checkbox"/> Between 5% and 10%	5. <input type="checkbox"/> Over 50%
3. <input type="checkbox"/> Between 10% and 25%	6. <input type="checkbox"/> Don't know

- d. Is the risk of a user testing positive higher or lower for methamphetamine than for other drugs? What other drugs? Why?

- e. Do you know of any other stimulants a driver can use with less risk of a positive drug test? What?

- f. Are drivers who use methamphetamine more likely to be detected by employer-administered random drug tests or by law enforcement officers at weigh stations? Why do you think so?
18. If you were developing educational messages to deter truck drivers from using methamphetamine, what would you tell them?
19. I'd like your rating of the following communications themes, in terms of how effective you think they would be in deterring truck drivers from using methamphetamine. I'd like you to rate each message on a scale of 1 to 5, a 1 being extremely ineffective and a 5 being extremely effective.
- | | |
|--|-----------|
| Methamphetamine use greatly increases a truck driver's chances of being involved in a fatal-to-the-driver crash. | 1 2 3 4 5 |
| Methamphetamine impairs a driver's judgment, leading him/her to take risks he would never consider taking when not using the drug. | 1 2 3 4 5 |
| Even fairly low doses of methamphetamine can cause side effects such as rapid pulse, confused speech, violent behavior, paranoia, and hallucinations. | 1 2 3 4 5 |
| Methamphetamine use often escalates out of control because tolerance to the drug increases quickly, requiring larger and more frequent doses to maintain its effect. | 1 2 3 4 5 |
| The risk that methamphetamine use will be detected in carrier-administered random drug tests is very high. If you test positive, you will be taken out of service immediately, probably will get fired, and the fact that you tested positive will be available to future employers for 5 years. | 1 2 3 4 5 |
| The risk of being arrested by law enforcement or motor carrier regulatory officials is very high, and methamphetamine use is punishable by severe sanctions. | 1 2 3 4 5 |
20. What kind of spokesperson on the subject would you, as a driver, find trustworthy and believable?
21. What kinds of radio stations do you listen to on a regular basis? (Read choices)
- | | |
|--|--|
| 1. <input type="checkbox"/> Country? | 4. <input type="checkbox"/> Talk radio? |
| 2. <input type="checkbox"/> Hard rock? | 5. <input type="checkbox"/> Classical music? |
| 3. <input type="checkbox"/> Rock-and-roll? | 6. <input type="checkbox"/> Any other kinds? |

Classification

22. I have just a few more questions to help classify our answers:

a. Which of the following age categories do you fall into?

- | | |
|--------------------------------------|---|
| 1. <input type="checkbox"/> Under 25 | 4. <input type="checkbox"/> 45 to 54 |
| 2. <input type="checkbox"/> 25 to 34 | 5. <input type="checkbox"/> 55 or older |
| 3. <input type="checkbox"/> 35 to 44 | 6. <input type="checkbox"/> Refused |

b. Are you married? 1. ☐ Yes 2. ☐ No

c. How long have you been a truck driver? _____ Years

d. How long have you worked for your present employer? _____ Years

e. Which of the following categories includes your annual earnings from truck driving?

- | | |
|---|---|
| 1. <input type="checkbox"/> \$15,000 or less | 4. <input type="checkbox"/> Between \$35,000 and \$50,000 |
| 2. <input type="checkbox"/> Between \$15,000 and \$25,000 | 5. <input type="checkbox"/> Over \$50,000 |
| 3. <input type="checkbox"/> Between \$25,000 and \$35,000 | 6. <input type="checkbox"/> Refused |

f. (*Record sex of respondent*) 1. ☐ Male 2. ☐ Female

Thank you very much for your help.

Date/Time Completed _____

Interviewer _____

